MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07167

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1414 Argyle Avenue

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Lee (Last) Barksdale

4. DATE OF DEATH (Month) July (Day) 22 (Year) 19 49

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH Sept. 25, 1893

9. AGE last birthday 56 yrs.

If under 1 year Months / Days

If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cluster springs, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Byrd Barkdale

14. MOTHER'S MAIDEN NAME Fannie White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Primary Carcinoma of Liver	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis of Central Nervous system	?
	(c) Secondary syphilis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pyelo-nephritis — ?

19a. DATE OF OPERATION Laparotomy 4/26/48 Johns Hopkins Hosp. (Specify)

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE

PLACE (Home, ferm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1949, to July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) M.D. ADDRESS Ritchie Hospital, Cascade, Md. DATE SIGNED July 22, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/27/1949 | NAME OF CEMETERY OR CREMATORY Balto. Natl Cem. | LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 7-25-49 | REGISTRAR'S SIGNATURE H. W. Hedrick

24. FUNERAL DIRECTOR Holland Funeral Home | ADDRESS 163 Druid Hill Ave.

VS. A15

07168

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural, give location) 404 West Franklin St.,

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Victor	(Last) Bingaman	4. DATE OF DEATH	(Month) July	(Day) 12	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan.2,1892	9. AGE last birthday 57 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S				
13. FATHER'S NAME John Bingaman	14. MOTHER'S MAIDEN NAME Alice Murray						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 214/09/1830	17. INFORMANT Bruce S. Bingaman					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Hypertension cardiovascular disease — 4 yr certain

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriolar nephrosclerosis — Questionable probably 2-3 yr

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to July 12, 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 3:16P m., from the causes and on the date stated above.

SIGNATURE W. T. Logan (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED July 13, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 15,1949	NAME OF CEMETERY OR CREMATORY Broadfording Cemetery	LOCATION (City, town, or county) (State) Cearfoss Maryland
DATE REC'D BY LOCAL REG. July 14,1949	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR F.W.Kraiss	ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07169

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock; LENGTH OF STAY (in this place) 40yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock; STREET ADDRESS (If rural, give location) W. Main Street

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) L.; (Last) Brooke

4. DATE OF DEATH: (Month) July; (Day) 6; (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-28-62

9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Brooke

14. MOTHER'S MAIDEN NAME: Rachel Gregory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Miss Mabel C. Brooke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Chronic nephritis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN):

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1949, to July 6 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 1:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. M. Shaffer M.D. ADDRESS Hancock DATE SIGNED 7/7/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7-8-49 | NAME OF CEMETERY OR CREMATORY St. Thomas Episcopal | LOCATION (City, town, or county) Hancock, (State) Md.

DATE REC'D BY LOCAL REG. 7/7/49 | REGISTRAR'S SIGNATURE J. H. Keller | 24. FUNERAL DIRECTOR Charles R. Bast, ADDRESS Hancock, Md.

RECEIVED
JUL 9 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 506

D7170

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade

LENGTH OF STAY (In this place) 60 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 410 N. Fremont Avenue

3. NAME OF DECEASED (Typo or Print) (First) Dorothy (Middle) (Last) Brown

4. DATE OF DEATH (Month) July (Day) 17 (Year) 18, 1949

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug. 9, 1922

9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Seneca, S. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Roy Brown

14. MOTHER'S MAIDEN NAME Mary Ragalar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
401.2 Immediate cause	(a) Cardiac Failure	?
92b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Active Rheumatic myocarditis with mitral stenosis and insufficiency	?
	(c) Pulmonary embolism and infacrtion	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic pyelo-nephritis ?

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1949 to July 17 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) M/D. ADDRESS Ritchie Hospital DATE SIGNED July 18, 1949

Daniel Lai

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7/31/49 NAME OF CEMETERY OR CREMATORY Mt Auburn Cem LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 7/18/49 REGISTRAR'S SIGNATURE John R Cochran Dep Local Reg.

24. FUNERAL DIRECTOR Mrs Lalee R Williams ADDRESS Balto 17 322 N Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

17171

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (In this place) 23 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 52½ Blooms Alley

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural, give location) 52½ Blooms Alley

3. NAME OF DECEASED (Type or Print): (First) Perry (Middle) (Last) Campbell

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/29/1909

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Buick Drives, Dealer

10b. KIND OF BUSINESS OR INDUSTRY: 2nd hand furniture

11. BIRTHPLACE (State or foreign country): Luray, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Campbell

14. MOTHER'S MAIDEN NAME: Maggie Dowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Flora Campbell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gun shot into chest — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Gun shot through abdomen hemorrhage & shock

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY In front of home (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) July 1 1949 11:20 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot by brother with .38 revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐*

SIGNATURE S. Robert Mullen MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 7/2/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7-4-49; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. July 4. 1949; REGISTRAR'S SIGNATURE Chas. A. Bowers

24. FUNERAL DIRECTOR Wm F Downey 241 Frederick ADDRESS Hagerstown

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07172

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 20 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 145 S. Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Hagerstown COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN City of Hagerstown
STREET ADDRESS (If rural, give location) 145 S. Locust st

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary.	Jane	Clark.	7	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	7-28-1854	94 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeping	House Keeping	Greensburg Wash. Md.	Washington

13. FATHER'S NAME Elias Barkdoll — 14. MOTHER'S MAIDEN NAME Rebecca Yeakle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Harry Clark.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — Immediate

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/17/48, 19..., to 7/17/49, 19..., that I last saw the deceased alive on 7/17/49, 19..., and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Burial C. F. Young	M. D.	Williamsport & Ind	7/18/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or County) (State)
Burial	July 20 - 1949	Greenmount	Greensburg Wash-Co - Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 18. 1949	Chas. H. Towers	Geo. B. Harner	Smithsburg md

VS. A15

RECEIVED
JUL 20 1939
BUREAU F. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07173

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 7 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washinggon County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 17 North Mulberry St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Margaret	Ellen	Cook	July 15 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Divorced	Sept. 18, 1905	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook - Restaurant & Hotel.		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob A. Shrader	Emma Everhard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	219/03/4088	Virginia Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute Cardiac Failure, Coronary Thromb.	12 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Asthma, Chronic	3 yr
	(c)	

241
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ~~June~~ July 13, 1949, to 7/15, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 10 A. (DST) m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert V. Campbell M.D.	Hagerstown	7/18/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 19, 1949	Rest Haven Cemetery	Hagerstown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 18, 1949	Chas. H. Bowers	Fred W. Kraiss	Hagerstown, Md.

RECEIVED
JUL 20 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

17174

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hag erstown | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 335 Jefferson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 335 Jefferson

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) B (Last) Cramer

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 8, 1865

9. AGE last birthday: 84 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Baker

14. MOTHER'S MAIDEN NAME: Elizebeth Barlup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Stomach — 6 mos.

151 / 468 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/12/49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 7 3, 1949, to 7/9, 1949, that I last saw the deceased alive on 7/9, 1949, and that death occurred at 11 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. L. Porterfield M.D. — ADDRESS: 136 W Washington St — DATE SIGNED: 7/11/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 11, 1949 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. July 13, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Bell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

07175

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1106 Oak Hill Ave

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) LOPEZ (Last) DIAZ

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 18 1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Salesman
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) New York City
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Julian Diaz
14. MOTHER'S MAIDEN NAME Julia Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Josephine Diaz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Embolus	15 Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyloric Obstruction from Old Duodenal Ulcer	Sev. yrs.
	(c) Carcinoma of the lesser curvature of stomach	

151
46b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7/19/49
19b. MAJOR FINDINGS OF OPERATION Pyloric Obst. from scar of healing ulcer, Ca. lesser curvature of stomach
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2/49, 19....., to 7/23/49, 19....., that I last saw the deceased alive on 7/23/49, 19....., and that death occurred at 7/24/49 m., from the causes and on the date stated above.

SIGNATURE Dr L. H. Brumbach (Degree or title) ADDRESS 4:45 P.M. D.S. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7/25/49
NAME OF CEMETERY OR CREMATORY Beechwood Cemetery
LOCATION (City, town, or county) New Rochelle (State) West Chester Co New York

DATE REC'D BY LOCAL REG. July 25, 1949
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown MA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1949
BUREAU T. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07176

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Berner Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 7 Berner Ave.

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) P. (Last) Fink

4. DATE OF DEATH (Month) (Day) (Year) July 19, 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 4-28-1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph C. Fink
14. MOTHER'S MAIDEN NAME Sara Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Hubert S. Yinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Jan 1949, to July 19, 1949, that I last saw the deceased alive on July 1949 and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Hagerstown, Md DATE SIGNED July 20, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 22, 1949
NAME OF CEMETERY OR CREMATORY Long Meadow Cemetery
LOCATION (City, town, or county) Paramount Maryland (State)

DATE REC'D BY LOCAL REG. July 21, 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown Md.

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JUL 2[illegible] 1949
BUREAU T. S.

94

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

17177

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Clear Spring; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Typo or Print): (First) Amanda (Middle) Elizabeth (Last) Forsyth

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 2, 1864

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home duties

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wesley Snyder

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Russell Forsyth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4 Immediate cause (a) Acute Exacerbation of Chr. Valvular Disease — Interval between onset and death: 3 months

92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) None known.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949 to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David P. Brewer M.D. Clear Spring Md. July 4, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 5, 1949

NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery

LOCATION (City, town, or county) (State): Clear Spring, Md.

DATE REC'D BY LOCAL REG.: July 4/49

REGISTRAR'S SIGNATURE: Joseph A. Murray

24. FUNERAL DIRECTOR: Adrian H. Rowland ADDRESS

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17178

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; MARYLAND; LENGTH OF STAY (In this place): April, 1948; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1017 Hamilton Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): 1017 Hamilton Blvd.

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Grove (Last) Friedly

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/10/1879

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Greencastle, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Grove

14. MOTHER'S MAIDEN NAME: Pricilla Sollenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Odello Leiter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Hemorrhage. — Interval Between Onset and Death: 15 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1949, to July 4, 1949, that I last saw the deceased alive on July 4, 1949 and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Chas. A. Hoffman M.D. 214 N. Potomac St. Hagerstown, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7/6/49 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Franklin Co. Penna.

DATE REC'D BY LOCAL REG.: July 5, 1949 | REGISTRAR'S SIGNATURE: Chas. Hoffman

24. FUNERAL DIRECTOR: W.T. Norment | ADDRESS: Hagerstown, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

12179

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport Md.
LENGTH OF STAY (in this place): 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Williamsport Md. RFD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport Md.
STREET ADDRESS (If rural, give location): Williamsport Md. RFD

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) L. Rice (Last) Garrish

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 15 1879

9. AGE last birthday: 70 yrs.

If under 1 year: Months 11 Days 11 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Williamsport Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.A

13. FATHER'S NAME: Mr. Nick Rice

14. MOTHER'S MAIDEN NAME: Lily Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Benjamin F. Garrish (son) Williamsport

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 **Immediate cause** (a) Cerebral Apoplexy — Interval Between Onset and Death: Immediate

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27/48 19..... to 7/27/49 19....., that I last saw the deceased alive on 7/27/49 19....., and that death occurred at 1117 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. F. Young M.D. Williamsport Md 7/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 31 1949

NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery

LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG.: July 30 - 49

REGISTRAR'S SIGNATURE: E Lee McElroy

24. FUNERAL DIRECTOR ADDRESS: Mrs. Edith V. Leaf Williamsport Md.

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AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07180

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 221 S. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Ira (Middle) Benjamen (Last) Gossard

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 5, 1949

9. AGE last birthday: 0 yrs. If under 1 year: Months 0 Days 1 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ira Benjamen Gossard

14. MOTHER'S MAIDEN NAME: Mary Mosela ~~Gossard~~ Hamel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ira B. Gossard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Patent. Foramen Ovale — INTERVAL BETWEEN ONSET AND DEATH: 27 hrs.

754.3

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
157.2
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1949, to July 6, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Ernest F Poole M.D. Hagerstown Md 7/7/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 7, 1949 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: July 8, 1949 | REGISTRAR'S SIGNATURE: Blanche Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss | ADDRESS: Hagerstown, Md.

RECEIVED
JUL 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07181

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 N. Jonathan St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 385 N. Jonathan St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) FRANCIS (Last) GRIGSBY

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/15/1890

9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Shepherdstown W. Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Holmes

14. MOTHER'S MAIDEN NAME: Sally Stribling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 215-20-8797

17. INFORMANT: Harry Grigsby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) CORONARY OCCLUSION — Unknown

94a **Antecedent cause(s)**
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1949, to July 14, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 5:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
N. Clay Harris, M.D. | 651 Pennsylvania | 7/15/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7/17/49 | NAME OF CEMETERY OR CREMATORY: Lebanon Cemetery | LOCATION (City, town, or county): Chambersburg | (State): Pa

DATE REC'D BY LOCAL REG.: July 15, 1949 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: William H. Downey | ADDRESS: 991 Prudrick St Hagerstown

VS. A15

RECEIVED
JUL 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07182

2411 N. Charles Street, Baltimore Dr. Robt campbell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 444 West franklin St

3. NAME OF DECEASED (Type or Print): (First) CLYDE (Middle) ARTHUR (Last) GROVE

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 30 1900

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silk weaver

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Smithsburg Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur B. Grove

14. MOTHER'S MAIDEN NAME: Laura Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-05-6027

17. INFORMANT: Mrs. Alpha Fox Grove

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyelonephritis	4 yrs?
	(c)	

600.0
13d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1949, to July 17, 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 12:30 A. m. (DST), from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert V.h. Campbell M.D.	Hagerstown md	7/18/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/19/49	Rose Hill Cemetery	Hagerstown Wash. Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 18. 1949	Ethel H. Bowers	Andrew K. Coffman	Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07183

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 926 Salem Ave.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) S. (Last) Grumbine

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 21, 1884

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Handler

10b. KIND OF BUSINESS OR INDUSTRY: Penna. Rwy. Co.

11. BIRTHPLACE (State or foreign country): Greencastle, Pa.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Grumbine

14. MOTHER'S MAIDEN NAME: Mary Clopper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 717-07-9362

17. INFORMANT: Charles Grumbine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral Haemorrhage — Interval between onset and death: 7 hours

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Bronchial asthma — Years
(c) Arteriosclerosis — Years ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1949, to July 1, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 6:20 A m., from the causes and on the date stated above.

SIGNATURE: W. J. Layman | (Degree or title) MD | ADDRESS: Hagerstown, Md. | DATE SIGNED: July 2, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-3-1949 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: July 2, 1949 | REGISTRAR'S SIGNATURE: Chas. H. Boevers

24. FUNERAL DIRECTOR | ADDRESS: Andrew K. Coffman, Hagerstown, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

07184

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 2 mos 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 739 W. Franklin St

3. NAME OF DECEASED (Type or Print) (First) Belle (Middle) (Last) Hall

4. DATE OF DEATH (Month) July (Day) 31 (Year) 1949

5. SEX Female
6. COLOR OR RACE N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 21 1896
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Hypertensive, Arteriosclerotic, CV Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, gangrene left foot, fecal fistula

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1949, to July 31, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 6:20 A m., from the causes and on the date stated above.

SIGNATURE Thomas M. Arrington, M.D. (Degree or title) ADDRESS Ritchie Hosp., Cascade, Md DATE SIGNED 7/31/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/3/49
NAME OF CEMETERY OR CREMATORY Mt Auburn Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REG. 8/1/49
REGISTRAR'S SIGNATURE A. W. Hedrick DM.
24. FUNERAL DIRECTOR Charles R. Law - 802 Madison Baltimore 1, Md Hoe

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

TN 017185 Reg. Dist. No. 706

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (in this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location) ?

3. NAME OF DECEASED (Type or Print): (First) Wilhelmina (Middle) Wright (Last) Hill

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 5, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Concord, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cannon Wright

14. MOTHER'S MAIDEN NAME: Maggie Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pyelo-~~nephritis~~ nephrosis — Interval between onset and death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Paralytic Agitans — ?

(c) Generalized Arterio-sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic Cardio-vascular Disease — ?

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1949, to July 4, 1949, that I last saw the deceased alive on July 4, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Lair M.D. Ritchie Hospital, Cascade, Md July 4, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 7-49 — NAME OF CEMETERY OR CREMATORY: Concord Cem — LOCATION (City, town, or county) (State): Concord Caroline Md

DATE REC'D BY LOCAL REG. July 5, 1949 — REGISTRAR'S SIGNATURE: Blanche L. Eyler — 24. FUNERAL DIRECTOR: M. F. Creager — ADDRESS: San Thurmont

July 6-49 Geo. W. Ferguson

VS. A15

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JUL 8 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07186 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 718 Forrest St.

3. NAME OF DECEASED (Type or Print) (First) Jo Ann (Middle) Houck (Last)

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 9th 1949
9. AGE last birthday — yrs. If under 1 year Months. 3 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Hagerstown Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert Glenn Houck
14. MOTHER'S MAIDEN NAME Josephine Lucille Pittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Spina Bifida (Congenital anomaly) not known

751 Antecedent cause(s)

157b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1949, to July 13, 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE B. R. Kneisley (Degree or title) MD ADDRESS (P.S.T.) Hagerstown Md DATE SIGNED 7/13/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 13th 1949
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. July 13, 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Kneisley 148 W. Wash.

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BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07187

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay RFD #1
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairplay RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay RFD #1
STREET ADDRESS (If rural, give location) Fairplay RFD #1

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) Charles Buchanan (Last) Houser
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 3 1856
9. AGE last birthday 93 yrs. If under 1 year Months Days 3 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? U. S A
13. FATHER'S NAME Jacob Houser
14. MOTHER'S MAIDEN NAME Harriet Grove
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Joseph Houser (son at Home)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Macaeditis Chronic	2 years
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? — — —

22. I hereby certify that I attended the deceased from 1947, 19....., to July 6, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 7 30 A m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MWF ADDRESS Williamsport Md DATE SIGNED 7/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 8 1949
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport, Maryland
DATE REC'D BY LOCAL REG. July 8-49
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07188

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 515 Brown Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 515 Brown Avenue

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) L. (Last) Huyett

4. DATE OF DEATH: (Month) July (Day) 30, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 17, 1881

9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Silk Mill

11. BIRTHPLACE (State or foreign country): Wash. Co.,,Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Huron A. Huyett

14. MOTHER'S MAIDEN NAME: Lydia Shupp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-3148

17. INFORMANT: Mrs. Fred W. Kraiss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Hemorrhage — Interval Between Onset and Death: 2 years

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
83a (b) — 2 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1947, to 7-30, 1949, that I last saw the deceased alive on 7-29-49, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE F. W. Kraiss (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 7/31/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 2-49 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. July 31, 1949 | REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR F.W. Kraiss ADDRESS Hagerstown, Maryland

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07189

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dargan
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dargan
STREET ADDRESS (If rural, give location) R.F.D.#1, Harpers Ferry, W.Va.

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) Lincoln (Last) Jamison

4. DATE OF DEATH (Month) July (Day) 15, (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan.22,1875

9. AGE last birthday 74 yrs. If under 1 year Months 5 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY Gen. Farm

11. BIRTHPLACE (State or foreign country) Antietam, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Lester Jamison

14. MOTHER'S MAIDEN NAME Alice Rebecca Crampton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY No. 220-16-0190

17. INFORMANT Mrs. Eloise Grim Sharpsburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Ulcerative Colitis — 10 yrs.

572.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

120b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from for past 10 years, 19....., to ....., 19....., that I last saw the deceased alive on July 15, 1949, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 7/16/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/17/49

NAME OF CEMETERY OR CREMATORY Samples Manor Cemetery

LOCATION (City, town, or county) (State) Samples Manor, Md.

DATE REC'D BY LOCAL REG. July 16 1949

REGISTRAR'S SIGNATURE Cornelius W. Castle Deputy

24. FUNERAL DIRECTOR Melvin T. Strider

ADDRESS Charles Town West Va.

RECEIVED
JUL 20 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07190

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro; LENGTH OF STAY (In this place) 6 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Gilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville; STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Homer; (Middle) Melvin; (Last) Jones.

4. DATE OF DEATH: (Month) July; (Day) 8; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Dec. 13 - 1884

9. AGE last birthday: 64-10-25 Yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Black Smith

10b. KIND OF BUSINESS OR INDUSTRY: Own Shop.

11. BIRTHPLACE (State or foreign country): Keedysville Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonas Jones

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Lofft.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-16-0059

17. INFORMANT: Mrs. Malcolm Hoover, Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gangrene	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	3 years
	(c) Paralysis	3 years

450.1 83d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Insufficiency

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to July 8th, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Hubert Wade. M. D. ADDRESS: Boonsboro. Md. DATE SIGNED: 7/10/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 11 1949; NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery; LOCATION (City, town, or county) (State): Boonsboro Md.

DATE REC'D BY LOCAL REG.: July 11, 1949; REGISTRAR'S SIGNATURE: John D. Bast

24. FUNERAL DIRECTOR: C. W. D. Bart & Sons; ADDRESS: Boonsboro Md.

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JUL 13 1949
BUREAU Y. B.

07191

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Dr. Hirshman 1 W. Wash. St. Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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1. PLACE OF DEATH · COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital	STREET ADDRESS (If rural, give location): 419 W. Franklin St.

3. NAME OF DECEASED (Type or Print)	(First) Ira	(Middle) Carlton	(Last) Keedy	4. DATE OF DEATH (Month) July (Day) 30 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Oct. 31, 1889	9. AGE last birthday: 59-8-29 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Auto Sales Co.	11. BIRTHPLACE (State or foreign country): Keedysville Wash. Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Otho Keedy	14. MOTHER'S MAIDEN NAME: Harriet Keedy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 214-09-8483	17. INFORMANT AND ADDRESS: Mrs. Nina Keedy 419 W. Franklin St. Hagerstown		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subarachnoid Hemorrhage	2 hrs.
330 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 yrs
	(c) Arteriosclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1948, to July 30, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip J. Hirshman	MD	Hagerstown	8/1/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 2, 1949	Boonsboro Cemetery	Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 2, 1949	Chas. H. Bowers	Wm. J. Best & Sons	Boonsboro Md.

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BUREAU V. S.

Evidence for addition in #18 shown on:

FILM No. G 121 SEP -9 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07192

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural, give location) 118 Fairground Avenue

3. NAME OF DECEASED (Type or Print)	(First) Eugene	(Middle) Martin	(Last) Kight	4. DATE OF DEATH	(Month) July	(Day) 23	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 4-28-1945	9. AGE last birthday 4 yrs.	If under 1 year Months 2	Days 23	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY -------	11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Joseph O. Kight	14. MOTHER'S MAIDEN NAME Edith R. Chaney						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Joseph O. Kight					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
781.4 Immediate cause	(a) Dry Hydration & acidosis	1 day.
Antecedent cause(s) Cyclic		
66 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cyclic Vomiting	2 days
	(c) Cause of vomiting unknown (9/12/49 akc)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1949, to 7/23, 1949, that I last saw the deceased alive on 7/23, 1949, and that death occurred at 6:09 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. W. Bowers M.D.		153 Washington St. Hagerstown, Md	7/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7-27-49	NAME OF CEMETERY OR CREMATORY Riverview Cemetery	LOCATION (City, town, or county) (State) Williamsport, Maryland
DATE REC'D BY LOCAL REG. July 26, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR C.M.Suter &Sons, Hagerztown, Md.	ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Bowman

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07193

Dr. Wells

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 65 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 No. Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 28 No. Mulberry St

3. NAME OF DECEASED (Type or Print) (First) Le Roy (Middle) E. (Last) King

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1949

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 6/6/84

9. AGE last birthday 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heating & Plumbing Contractor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hiram King

14. MOTHER'S MAIDEN NAME Malinda Bower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. Self Employed

17. INFORMANT Mrs. Mary King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
924.9 Immediate cause	(a) Heat Stroke	2hrs
30 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Paresis (Luetic)	1944
	(c) coronary aretriosclerotic heart disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — Hagerstown (COUNTY) Wash. Co. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 25, 1945 to July 27, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE S. Robert Wells (Degree or title) M.D. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED July 28 '49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/29/49 NAME OF CEMETERY OR CREMATORY Rest Haven cemetery LOCATION (City, town, or county) Hagerstown wash. Co. (State) Md.

DATE REC'D BY LOCAL REG. July 29 1949 REGISTRAR'S SIGNATURE Elsie Flowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

RECEIVED
AUG 1 1949
BUREAU T. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07194

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maugansville Mennonite Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
STREET ADDRESS (If rural, give location) Maugansville Mennonite Home

3. NAME OF DECEASED (Type or Print) (First) Levi (Middle) G. (Last) Kline

4. DATE OF DEATH (Month) July (Day) 19, (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 18, 1864

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Berks County, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr. Henry Hostetter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 yr

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-49, 19, to 7-19, 1949, that I last saw the deceased alive on 7-16-49, 19, and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. E W Ditto Jr. ADDRESS Hagerstown Md DATE SIGNED 7-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 21, 1949

NAME OF CEMETERY OR CREMATORY Gipes Grove Cem.

LOCATION (City, town, or county) (State) Franklin Co. Penna.

DATE REC'D BY LOCAL REG. July 20, 1949

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR W.T. Norment ADDRESS Hagerstown, Md.

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BUREAU V. A.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07195

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) N. Main St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) V (Last) Kovacs

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 15, 1861

9. AGE last birthday: 88-4-29 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife.

10b. KIND OF BUSINESS OR INDUSTRY: Farm Home

11. BIRTHPLACE (State or foreign country): Boonsboro Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nicodemus

14. MOTHER'S MAIDEN NAME: Elizabeth Emerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT: Mrs. H. S. Hartman Boonsboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	3 mos 24 da
	(c) Fracture of femur - (hip)	3 mos 24 da

9040
186a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Debility.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Boonsboro (COUNTY) Washington (STATE) Maryland
TIME OF INJURY (Month) March (Day) 20. (Year) 1949 (Hour) 7 P.M.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell - breaking hip.

22. I hereby certify that I attended the deceased from March 20, 1949, to July 14, 1949, that I last saw the deceased alive on July 14, 1949, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

SIGNATURE Gilbert Wade. (Degree or title) M.D. ADDRESS Boonsboro, Md. DATE SIGNED 7/16/49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF July 17, 1949 | NAME OF CEMETERY OR CREMATORY Boonsboro Mausoleum | LOCATION (City, town, or county) Boonsboro (State) Wash. Co. Md.

DATE REC'D BY LOCAL REG. July 17, 1949 | REGISTRAR'S SIGNATURE John W. Bast

24. FUNERAL DIRECTOR Wm. J. Bast & Son ADDRESS Boonsboro Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07196

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Berner Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 13 Berner Ave.,

3. NAME OF DECEASED (Type or Print): (First) Venice (Middle) M. (Last) Kriner

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 19, 1862

9. AGE last birthday: 87 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Slick

14. MOTHER'S MAIDEN NAME: Nancy Sheets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Max Gilbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Lesion — Interval Between Onset and Death: 6 yrs

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-48, 19..., to 7-24-, 1949, that I last saw the deceased alive on 7-20-49, and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE L. W. Kriss (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 7/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 26, 1949 | NAME OF CEMETERY OR CREMATORY: Reformed Cemetery | LOCATION (City, town, or county) (State): Leitersburg Maryland

DATE REC'D BY LOCAL REG. July 25, 1949 | REGISTRAR'S SIGNATURE Chas H Bowers | 24. FUNERAL DIRECTOR: Fred W. Kraiss | ADDRESS: Hagerstwon, Md.

VS. A15

RECEIVED
JUL 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07197

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.

LENGTH OF STAY (in this place) 17 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport, Md.

STREET ADDRESS (If rural, give location) Salisbury St.

3. NAME OF DECEASED (Type or Print) (First) Mrs. Leslie (Middle) Virginia (Last) Lindsay

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 22 1881

9. AGE last birthday 68 yrs. If under 1 year Months 3 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Near Clearspring Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Otis T Brewer

14. MOTHER'S MAIDEN NAME Sarah C Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Ernest A. Lindsay (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary thrombosis	15 minutes
88	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Probable Arteriosclerosis	—
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Iritoectomy

19a. DATE OF OPERATION July 2.

19b. MAJOR FINDINGS OF OPERATION Removal of a fourth of the iris

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1949, to July 17, 1949, that I last saw the deceased ~~alive~~ dead on July 17, 1949, and that death occurred at 5.50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Williamsport Md. 7/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 20 1949

NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery

LOCATION (City, town, or county) (State) Near Clearspring Md.

DATE REC'D BY LOCAL REG. July 19. 1949

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS Mrs. Edith V. Leaf Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07198

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 45 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Winter St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 13 Winter St..

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) C. Lindsay (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 7/25/49 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 7, 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Greenskeeper

10b. KIND OF BUSINESS OR INDUSTRY: Country Club

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Lindsay

14. MOTHER'S MAIDEN NAME: Fanny Goodrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217/09/9767

17. INFORMANT: Della E. Lindsay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Previous Coronary Thrombosis

(c)

4201
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10 1949 to July 25, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 10.45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

148 W. Washington Street, Hagerstown, Md. 7-25-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 28, 1949	Rose Hill Cemetery	Hagerstown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27 1949		Fred W. Kraiss	Hagerstown, Md.

VS. A15

RECEIVED
JUL 29 1949
BUREAU T. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07199

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown
LENGTH OF STAY (in this place): 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main St. Extended

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown
STREET ADDRESS (If rural, give location): Main St. Extended

3. NAME OF DECEASED (Type or Print): (First) Jannie (Middle) Catherine (Last) Long

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 17-1863

9. AGE last birthday: 86-2-11 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Near Oakland Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Mullendore

14. MOTHER'S MAIDEN NAME: Mary Beachley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Howard Smith Funkstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

334

830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/28/49, 19....., to 7/29/49, 19....., that I last saw the deceased alive on 7/28/49, 19....., and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. F. Young M.D. — ADDRESS: Funkstown Md. — DATE SIGNED: 7/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 31 1949 — NAME OF CEMETERY OR CREMATORY: Salvners Cemetery — LOCATION (City, town, or county) (State): Near Mapleville Wash. Co. Md.

DATE REC'D BY LOCAL REG.: July 29 1949 — REGISTRAR'S SIGNATURE: Edward Bowers

24. FUNERAL DIRECTOR — ADDRESS: Wm. D. Brot & Sons Boonsboro Md

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. ditto 07200

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mason-Dixon
MARYLAND
LENGTH OF STAY (in this place): 47 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Greencastle Pike

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 4
STREET ADDRESS (If rural, give location): Greencastle Pike

3. NAME OF DECEASED (Type or Print): (First) ORPHA (Middle) BOWMAN (Last) LOWERY

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr3 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mapleville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bowman

14. MOTHER'S MAIDEN NAME: Caroline Baechtell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Harry V. Lowery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 15 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11-49, 19..., to 7-26, 19 49, that I last saw the deceased alive on 7-26-49, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: J. W Dutton Jr (Degree or title) ADDRESS: Hagerstown Md DATE SIGNED: 7/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/28/49

NAME OF CEMETERY OR CREMATORY: Dunkard Cemetery

LOCATION (City, town, or county) (State): Broadfording Wash. Co. Md

DATE REC'D BY LOCAL REG.: July 28. 1949

REGISTRAR'S SIGNATURE: Chas H Boewers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

RECEIVED
JUL 30 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07201

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac St. Extended

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) Potomac St. Extended

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Madron

4. DATE OF DEATH (Month) July (Day) 4 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Oct. 29 - 1865
9. AGE last birthday 83-8-5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Factory
11. BIRTHPLACE (State or foreign country) Wolfsville Fred. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Madron
14. MOTHER'S MAIDEN NAME Mary Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 274-14-7067
17. INFORMANT Mrs. Herbert Dagenhart Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of prostate gland — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

177

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949, to July 4, 1949, that I last saw the deceased alive on July 4, 1949, and that death occurred at 7.30 p.m., from the causes and on the date stated above.

SIGNATURE G W Lewis (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 7/5/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July-6-1949
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. July. 6. 1949
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

RECEIVED
JUL 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07202

CERTIFICATE OF DEATH

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett's Mill; LENGTH OF STAY (in this place) 81 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#1, Knoxville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett's Mill; STREET ADDRESS (If rural, give location) R.F.D.#1, Knoxville, Md.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Eliza (Last) McGolerick

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 6, 1867

9. AGE last birthday: 81 yrs. If under 1 year: Months 7 Days 28; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Garrett's Mill, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Thomas Alvin Spencer

14. MOTHER'S MAIDEN NAME: Barbara Hoffmaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Emory C. McGolerick, R.F.D.#1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH: ??

174 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

48.2 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19, 1947, to 7/4, 1949, that I last saw the deceased alive on 7/2, 1949, and that death occurred at 1:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Carpenter M.D. Brunswick Md 7/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/6/49

NAME OF CEMETERY OR CREMATORY: Augusta Church of God

LOCATION (City, town, or county) (State): Brownsville, Md.

DATE REC'D BY LOCAL REG.: July 5 1949

REGISTRAR'S SIGNATURE: Cornelius N. Castle, Deputy

24. FUNERAL DIRECTOR: Melvin F. Stinger ADDRESS: Charles Town West Va.

VS. A15

RECEIVED
JUL 8 1949
BUREAU V. S.

07203

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay Rural
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairplay R.I.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay - Rural
STREET ADDRESS (If rural, give location) Fairplay R.I.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Catherine (Last) Middlekauff
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 13-1884
9. AGE last birthday 65-3-23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Leitersburg Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Kesselring
14. MOTHER'S MAIDEN NAME No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Geo. W. Middlekauff Fairplay Md. R.I.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion.	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis, Chronic	2 years
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) —
(COUNTY) —
(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1947, 19....., to July 6, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 11-0 m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport Md. DATE SIGNED 7/7/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 9. 1949
NAME OF CEMETERY OR CREMATORY Bakersville Cemetery
LOCATION (City, town, or county) Bakersville Wash. Co. Md. (State)

DATE REC'D BY LOCAL REG. July 9. 1949
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Zimmi

M

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T

RECEIVED
JUL 13 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07204

CERTIFICATE OF DEATH

Reg. Dist. No. 3 0c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St. Sharpsburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharspburg Maryland
STREET ADDRESS (If rural, give location) Main St. Sharpsburg Md.

3. NAME OF DECEASED (Type or Print) (First) Mrs. (Middle) Beulah (Last) Wilson Mumma

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1949 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 6 1880

9. AGE last birthday 69 yrs. If under 1 year Months 11 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Josuha C Wilson

14. MOTHER'S MAIDEN NAME Jennie Cronice Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Mrs. Leon Morgan Benevola Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death 9 hours.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Disease — 5 yrs (?)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 19 49 to ——, 19——, that I last saw the deceased alive on July 27, 1949 and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter H. Sheads MD Sharpsburg Md 7/28/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 30 1949

NAME OF CEMETERY OR CREMATORY Mt. View Cemetery

LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REG. July 28

REGISTRAR'S SIGNATURE C. H. Boyer

24. FUNERAL DIRECTOR ADDRESS Mrs. Edith V. Leaf Williamsport Md.

VS. A15

RECEIVED
AUG 4 1949
BUREAU V. S.

07205

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 300

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Sharpsburg Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Sharpsburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) S. Main St.

3. NAME OF DECEASED (Type or Print) (First) Rudolph (Middle) (Last) Needy
4. DATE OF DEATH (Month) July (Day) 12 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Aug. 22 - 1912
9. AGE last birthday 36-10-20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Appliance Store
11. BIRTHPLACE (State or foreign country) Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles E. Needy
14. MOTHER'S MAIDEN NAME Mary Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-03-6269
17. INFORMANT Charles E. Needy Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Suffocation by drowning

172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) Wash. Co. (STATE)
TIME OF INJURY (Month) July (Day) 12 (Year) 49 (Hour) 3 A.M. E.D.T.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Outboard motorboat ran into pier of Bridge

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, M.D. (Degree or title) Deputy Med. Exam. Wash Co. ADDRESS Hagerstown, Md. DATE SIGNED July 12 '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 15 1949
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) Boonsboro Wash. Co. Md. (State)
DATE REC'D BY LOCAL REG. July 15
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

117206

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 998 Potomac Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
STREET ADDRESS (If rural, give location): N. Main St.

3. NAME OF DECEASED (Type or Print): (First) William — (Middle) Henry — (Last) Nett.

4. DATE OF DEATH: (Month) July, (Day) 11, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 30. 1891

9. AGE last birthday: 57-10-11 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Fruit & berries

11. BIRTHPLACE (State or foreign country): Nr. Boonsboro Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Nett

14. MOTHER'S MAIDEN NAME: Catherine Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): World War.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT: Mrs. Lillian H. Nett Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Arteriosclerotic Heart Disease with Ventricular Fibrillation — Interval Between Onset and Death: 3 yrs

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1949, to July 11, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 10:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Dalton M Welty M. D. Hagerstown, Maryland July 13, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July 14, 1949 | NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery | LOCATION (City, town, or county) (State): Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: July 13, 1949 | REGISTRAR'S SIGNATURE: Ethel M. Groves | 24. FUNERAL DIRECTOR ADDRESS: Wm. D. Bast & Sons Boonsboro Md.

RECEIVED
JUL 15 1949
BUREAU V. S.

Evidence for re-arrangment of #18 shown on:

FILM No. G 121 AUG 23 1949

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore

Dr. Houghton

07207

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 3 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 136 So. Potomac st.

3. NAME OF DECEASED (Type or Print): (First) ELLSWORTH (Middle) SHUMAN (Last) RICHWINE

4. DATE OF DEATH: (Month) 7/25/49 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	white	Married	1/3/82	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman retired

10b. KIND OF BUSINESS OR INDUSTRY: Reading R.R.

11. BIRTHPLACE (State or foreign country): Huntsdale Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Richwine

14. MOTHER'S MAIDEN NAME: Anna B. Shuman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Rhoda Yeingst

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Diabetes Coma.	3 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) II Supra pubic prostatectomy	
260 137a	(c) II Chronic hypertrophy prostatectomy	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/22/49	Hypertrophy prostatitis	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/14, 1949, to 7/25, 1949, that I last saw the deceased alive on 7/25, 1949, and that death occurred at 9:05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edwin H Overholtzer	MD	Hagerstown Md	7/26/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/27/49	Penbrook Cemetery	Harrisburg Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 26 1949	Ellsworth Bowers	Andrew K. Coffman	Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07208

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dr. S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 457 W. Washington St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) L. (Last) Reedy

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 7-31-1889

9. AGE last birthday: 59 yrs. | If under 1 year: Months 11 | Days 8 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car M. M.

10b. KIND OF BUSINESS OR INDUSTRY: W. M. R.R.

11. BIRTHPLACE (State or foreign country): Staunton, Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Reedy

14. MOTHER'S MAIDEN NAME: Clara Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 705-10-8544

17. INFORMANT: Mrs. M. D. Rider

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Vascular hypertension	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) aretrio sclerotic coronary heart disease	
	(c) acute coronary occlusion	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: — — —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: None

(CITY OR TOWN) — — — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.

INJURY OCCURRED While at work ☐ Not while at work ☑ NO

HOW DID INJURY OCCUR? — — —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Dr. Robert Wells M.D., DEPUTY MEDICAL EXAM. WASH. CO., MD.

ADDRESS: 115 N. Potomac Hagerstown, Md.

DATE SIGNED: 7/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-27-49

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: July 26, 1949

REGISTRAR'S SIGNATURE: Pearl B. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons

ADDRESS: Hagerstown, Md.

RECEIVED
JUL 28 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07209

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 133 E. Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 133 E. Franklin St.

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) Joseph (Last) Schwartz

4. DATE OF DEATH: (Month) July (Day) 28, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 15, 1866

9. AGE last birthday: 83 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Baker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Sophia Schwartz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4 **Immediate cause** (a) Chronic valvular myocardial heart disease — Interval between onset and death: 15 yrs

1312 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic glomerular nephritis — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:05 A E.D.T. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L Robert Wells, M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. | ADDRESS 115 N. Potomac Hagerstown, Md. | DATE SIGNED 7/29/49

23. BURIAL, CREMATION REMOVAL (Specify) burial | DATE THEREOF 7-29-49 | NAME OF CEMETERY OR CREMATORY Jewish Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. July 29, 1949 | REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss | ADDRESS Hagerstown, Md.

VS. A15

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17210

Reg. Dist. No. D2

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brook Lane Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
STREET ADDRESS (If rural, give location) 20 South Mulberry

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katherine	B.	Seaman	July	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	May 1, 1889	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Sharpsburg, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James A. Seaman	Nannie Lakin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Miss Maude L. Seaman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Myocarditis	4 yrs
	(c) Diabetes	6 yrs

260
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-1, 1946, to 7-2, 1949, that I last saw the deceased alive on 6-30, 1949, and that death occurred at /X m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. W. Scott L		Hagerstown Md	7-3-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/5/49	Mountain View Cemetery	Sharpsburg, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 4 1949	Chas H Bowers	F. W. Kraiss	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

Dr. Welty

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07211

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — MARYLAND — LENGTH OF STAY (in this place) 6 weeks — HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaverdale - Rural — STREET ADDRESS (If rural, give location) Boonsboro Md. R.1.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Susan	Shoop.	July	12 -	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	July. 15-1888	60-11-27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife.	Own Home.	Near Halfway Wash. Co. Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Boyd Zumer	Lydia Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None.	Harry D. Shoop Boonsboro Md. R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Infarctions, Multiple	6 weeks
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Coronary-Arteriosclerotic Heart Disease, Myocardial Insufficiency.	2 ½ years
	(c) Hypertensive Vascular Disease	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity, due to excess of food	30 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1949, to July 12, 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dalton M. Welty	M.D.	Hagerstown, Md	7/13/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July. 15. 1949	Beaver Creek Cemetery	Beaver Creek Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 13 1949	Ethel H. Bowers	Wm. J. Bast & Sons	Boonsboro Md.

RECEIVED
JUL 15 1949
BUREAU V. S.

07212

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Conrad

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 3 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 430 Virginia Ave	STREET ADDRESS (If rural, give location) 430 Virginia Ave

3. NAME OF DECEASED (Type or Print)	(First) LULA	(Middle) MAY	(Last) SNYDER	4. DATE OF DEATH	(Month) July (Day) 14 (Year) 1949
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8/22/96	9. AGE last birthday 52 yrs.	If under 1 year Months 10 Days 22 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Hagerstown Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Joseph Howard	14. MOTHER'S MAIDEN NAME Martha Moore				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —	16. SOCIAL SECURITY No. None	17. INFORMANT Edgar A. Snyder			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 mo.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1949, to July 14, 1949, that I last saw the deceased alive on 7-14, 1949, and that death occurred at 7 35 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert P. Conrad, M.D.		Hagerstown, Md	7-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/17/49	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md
DATE REC'D BY LOCAL REG. 7-17-49	REGISTRAR'S SIGNATURE Chas. A. Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 10 1949
BUREAU V. S.

1025

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07213

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 673 Oak Hill Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Trammel (Last) Snyder

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-2-1891

9. AGE last birthday: 58 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dist. Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Reliance Life Ins. Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Snyder

14. MOTHER'S MAIDEN NAME: Annie Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriolar nephrosclerosis & uremia	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	10 years
	(c)	

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131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Attended June 30, 1949, to July 24, 1949, that I last saw the deceased alive on July 23, 1949, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE: W. D. Saymon (Degree or title) M.D. ADDRESS: Hagerstown, Md DATE SIGNED: July 25, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-28-49

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Baltimore, Maryland

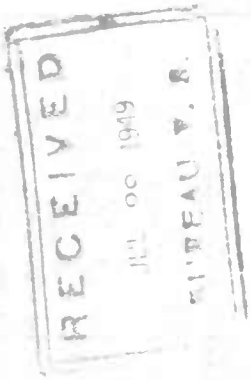
DATE REC'D BY LOCAL REG.: July 26 1949

REGISTRAR'S SIGNATURE: Elwood Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Son

ADDRESS: Hagerstown, Md.

Wm.
Dr Layman



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

117214

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural give location): 1237 Potomac Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	G.	Sommer	July	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7-27-1892	56 yrs.	11	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baker	Own Business	Dresden, Germany	U.S.A.

13. FATHER'S NAME: Gustav Sommer

14. MOTHER'S MAIDEN NAME: Emma Feist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	NONE	Mrs. John G. Sommer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart failure	6 wks.
	(c) Rheumatic Heart Disease	Unknown

416 950

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 5/17, 1949, to 7/13, 1949, that I last saw the deceased alive on 7/13, 1949, and that death occurred at 11:50 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Hershbarger	M.D.	154 W. Washington St. - Hagerstown, Md	7-13-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-15049	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 15, 1949	Chas. H. Bowers	C.M. Suter & Sons,	Hagerstown, Md.

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07215

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural #1; LENGTH OF STAY (in this place) 3 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Hagerstown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural #1; STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Leonard (Last) Stone

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-2-49

9. AGE last birthday: yrs. If under 1 year: Months 3 Days 24; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Millard E. Stone

14. MOTHER'S MAIDEN NAME: Virginia Grimm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT: Millard E. Stone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
571.0 Immediate cause	(a)	
119a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diarrhea (type unknown)	4 d
	(c) Dehydration acidosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: no (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mello M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED July 27 '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF 7-28-49; NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery; LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. July 28 1949; REGISTRAR'S SIGNATURE Elsie H Bowers

24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md. ADDRESS

RECEIVED
JUL 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07216

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 252 South Prospect Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 252 S. Prospect Street

3. NAME OF DECEASED (Type or Print): (First) Levin (Middle) (Last) Stonebraker

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-22-1877

9. AGE last birthday: 71 yrs. If under 1 year: Months 11, Days 16, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George M. Stonebraker

14. MOTHER'S MAIDEN NAME: Virginia Benton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mrs. Levin Stonebraker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Immed.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Polycythemia Vera	10 yrs. +
	(c) Arteriosclerosis	yrs.

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis & Cholelithiasis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to July, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Floyd A. Hoffman, 214 N. Potomac st. Hagerstown, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-11-49

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: July 11, 1949

REGISTRAR'S SIGNATURE: Edgar H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Md.

RECEIVED
JUL 1[illegible] 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

017217

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN agerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 608 North Mulberry St.,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 608 North Mulberry St.,

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) M. (Last) Stouffer

4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH Feb. 9, 1867

9. AGE last birthday 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Andrew Stouffer

14. MOTHER'S MAIDEN NAME Catherine M. Gouker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT C. Grace Stouffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic heart disease — Interval between onset and death: 10 years

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Generalized arterio sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) None (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1949, to July 30, 1949 that I last saw the deceased alive on July 30, 1949, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) M.D. ADDRESS 1196 Antietam St Hagerstown Md DATE SIGNED 7/30/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/1/49 | NAME OF CEMETERY OR CREMATORY Broadfording Cemetery | LOCATION (City, town, or county) (State) Broadfording Md.

DATE REC'D BY LOCAL REG. July 31, 1949 | REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1949
BUREAU V. S.

07218

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. porterfield

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 540 No. Locust St.

3. NAME OF DECEASED (Type or Print): (First) JAcob (Middle) KARL (Last) STOUFFER
4. DATE OF DEATH: (Month) (Day) (Year) 7/20/49 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2/12/87
9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist
10b. KIND OF BUSINESS OR INDUSTRY: Clerk
11. BIRTHPLACE (State or foreign country): Leitersburg Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob stouffer
14. MOTHER'S MAIDEN NAME: Lydia Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 214-09-2721
17. INFORMANT: Elton C. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Hemorrhage	7/20/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchiectasis Chr st.	8 yrs.
526 1064	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1941, to July 20, 1949, that I last saw the deceased alive on 7/20, 1949, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
N. L. Porterfield M.D. | 136 W Washington St | 7/22/49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF 7/23/49 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown Wash. Co. | (State) Md

DATE REC'D BY LOCAL REG. July 23 1949 | REGISTRAR'S SIGNATURE Elbert H. Bowers

24. FUNERAL DIRECTOR | ADDRESS
Andrew K. Coffman | Hagerstown Md

VS. A15

07219

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) Washington Co. Home

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Thompson
4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1949
5. SEX male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH about 1869 Unknown
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) White Post, Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Thompson
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Fred Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia left	1 wk.
	(c) Hypertensive cardio vascular disease	1 yr

443
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1949, to 7/23, 1949, that I last saw the deceased alive on 7/20, 1949 and that death occurred at 3 a m., from the causes and on the date stated above.

SIGNATURE Ernest F. Poole MD. (Degree or title) ADDRESS Hagerstown Md. DATE SIGNED 7/25/49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 7-24-49
NAME OF CEMETERY OR CREMATORY Washington Co. Home
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. July 25, 1949
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hagerstown

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1949
BUREAU P. S.

07220

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print) (First) Calvin (Middle) Lewis (Last) Walls

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1-22-14

9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aircraft worker

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Earl Lewis Walls

14. MOTHER'S MAIDEN NAME Laura Tennie Stotler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 220-09-7578

17. INFORMANT Lloyd Dennis Walls

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation by drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

929.8
183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Wash. Co. Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) July 24 '49 5:03 P m. EDT

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Drowned in irrigation dam in attempt - rescue of son

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown Md. DATE SIGNED July 25 '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-27-49

NAME OF CEMETERY OR CREMATORY Mt. Olivet Pres. Cem.

LOCATION (City, town, or county) Wash. Co., (State) Md.

DATE REC'D BY LOCAL REG. 7/26/49

REGISTRAR'S SIGNATURE J. A. Heller

24. FUNERAL DIRECTOR Charles R. Bast, ADDRESS Hancock, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07221

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock; MARYLAND LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock; STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print): (First) ~~Walls~~ (Middle) (1) John (2) Calvin (Last) Walls

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-3-39

9. AGE last birthday: 10 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin Lewis Walls

14. MOTHER'S MAIDEN NAME: Ruby Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —; (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Ruby B. Walls

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.8
183

Immediate cause (a) Suffocation by drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) July 24 '49 5 P.m. EDT

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Drowned in irrigation dam

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Wells, M.D. DEPUTY MEDICAL EXAM, WASH. CO., MD.

ADDRESS Hagerstown, Md

DATE SIGNED July 25 '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-27-49

NAME OF CEMETERY OR CREMATORY Mt. Olivet Pres. Cem.

LOCATION (City, town, or county) Wash. Co. (State) Md.

DATE REC'D BY LOCAL REG. 7/26/49

REGISTRAR'S SIGNATURE J. M. Keller

24. FUNERAL DIRECTOR Charles R. Bast

ADDRESS Hancock, Md.

RECEIVED
JUL 28 1949
BUREAU T. E.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Dr. Wells

07222

Reg. Dist. No. 302

FILM No. G 121 AUG 15 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 8 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chewsville
STREET ADDRESS (If rural, give location): Chewsville-Smithsburg Rd.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WASHINGTON (Last) WATSON

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Jany 5 1887

9. AGE last birthday: 61 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Truck

11. BIRTHPLACE (State or foreign country): Smithsburg Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Watson

14. MOTHER'S MAIDEN NAME: Mary Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 219-01-7397

17. INFORMANT: William H. Watson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

824.5 170c

Immediate cause (a): Shock. Heat exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Extensive bruise right thigh, open fracture left foot

(c):

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Potomac Ave. (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 29 (Year) 49 (Hour) 3:30 P E.D.T.

INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR? Became dizzy and fell from running board of moving truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells (Degree or title) M.D., DEPUTY MEDICAL EXAM. WASH. CO., MD.

ADDRESS: 115 N. Potomac St. Hagerstown, Md.

DATE SIGNED: 8/1/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/2/49

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Aug. 2 1949

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS: Hagerstown Md.

RECEIVED
AUG 4 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07223

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place): 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport
STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Irene (Last) Weidner
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1949

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec 27, 1928
9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles E. Weidner
14. MOTHER'S MAIDEN NAME: Bertha Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

704.1 Immediate cause (a) Pemphigus vulgaris — 2½ yrs

153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1947, to July 10, 1949, that I last saw the deceased alive on July 10, 1949, and that death occurred at 6:20 P m., from the causes and on the date stated above.

SIGNATURE: Thomas M. Arrington (Degree or title) M.D. — ADDRESS: Ritchie Hospital, Cascade, Md — DATE SIGNED: 7/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 13-49 — NAME OF CEMETERY OR CREMATORY: Greenlawn — LOCATION (City, town, or county): Williamsport (State): Md

DATE REC'D BY LOCAL REG.: 7/10/49 — REGISTRAR'S SIGNATURE: John R Workman, Dep Local Reg. — 24. FUNERAL DIRECTOR: Edith V Leaf — ADDRESS: Williamsport Md

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07224

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (In this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 915 Hamilton Blvd.	STREET ADDRESS (If rural give location): 915 Hamilton Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	F.	Wolf	July 19 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	9-1-1890	58 yrs.	10	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Mant. Man		Hagerstown, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David T. Wolf	Catherine Keyser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	212-05-0832	Mrs. Pearl Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	21 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease.	7 years
	(c)	

443

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 16, 1949, to July 19, 1949, that I last saw the deceased alive on July 19, 1949, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Ka. Bell	M. D.	Hagerstown, Md.	July 20, 1949.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-22-49	Reformed Graveyard	Keedysville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 20, 1949	Chas. H. Bowers	C.M. Suter & Sons,	Hagerstown, Md.

RECEIVED
JUL 22 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07225

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY OR TOWN Boonsboro; LENGTH OF STAY (in this place) 18 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa; COUNTY Franklin; CITY OR TOWN Waynesboro; STREET ADDRESS (If rural give location) 333 S. Church St.

3. NAME OF DECEASED (Type or Print): (First) Rebecca (Middle) H. (Last) Zimmerman

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 1, 1866

9. AGE last birthday: 83 yrs.

If under 1 year: Months 3; Days 17

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Guensville, Franklin Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Henry

14. MOTHER'S MAIDEN NAME: Susan Gaynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs C. L. Ecker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis +

132 (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1946, to July 18, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 10:00 m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. B. Beaver M.D. 55 W. Main St. Waynesboro Pa. 7-18-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/21/49

NAME OF CEMETERY OR CREMATORY: Green Hill, Waynesboro, Pa

LOCATION (City, town, or county): Waynesboro

(State): Pa

DATE REC'D BY LOCAL REG.: July 19 1949

REGISTRAR'S SIGNATURE: John W. Bast

24. FUNERAL DIRECTOR: Walter Y. Horst

ADDRESS: Waynesboro, Pa

RECEIVED
JUL 20 1949
BUREAU V. S.